

471-000-411 Nebraska Medicaid Fee Schedule for Pediatric Feeding Clinics

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 18.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT®). CPT® is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT® numeric identifying codes for reporting medical services and procedures.

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The Schedule includes only CPT® numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT® outside the Schedule should refer to CPT®. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

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Information regarding Pediatric Feeding Clinic Services may be found in NAC 471, Chapter 18: http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-18.pdf

It is the provider's responsibility to be aware of requirements for medical necessity, prior authorization, referral management, etc.

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.

Rates
effective July
1, 2016

Procedure Code	Modifier	PA	Description	Medicaid Allowable
92526	U7	X	PEDIATRIC FEEDING DISORDER CLINIC INTENSIVE DAY TREATMENT	\$744.44
92526	U8	X	PEDIATRIC FEEDING DISORDER CLINIC OUTPATIENT TREATMENT	\$150.28

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